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APR 21 2009

**PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION**  
 (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department: <u>Public Works ROAD OPS</u>		Your Department's Risk Management BARS Code: <u>150.100.620.54290</u>	
Employee Completing Report	Employee Name: <u>DENNIS VESEY</u>		
	Division, Section, Etc.: <u>ROADS</u>		
	Work Address: <u>CMF</u>	Work Phone: <u>253-798-3842</u>	
Person Injured/Involved in the Accident or Incident	Name: <u>DENNIS VESEY</u>		Age: <u>36</u>
	Home Address: <u>8506 276<sup>th</sup> AVE E Buckley, WA 98321</u>		Home Phone: <u>206-892-2362</u>
	Occupation: <u>MT IT</u>		
	Employed By: <u>PIERCE COUNTY PUBLIC WORKS</u>		Work Phone: _____
	What was the involved person doing at the time of accident or incident? _____		
Date, Time and Place	Date: <u>4-20-09</u>	Time: <u>10:30</u>	A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/>
	Location: <u>23308 COUNTRY DRIVE</u>		
The Injury	Nature and extent of injury: _____		
	Where was injured taken after accident? <u>N/A</u>	Name of Doctor: _____	
	Why was injured on premises? _____		
Property Damage or Theft of Property	Owner's Name: _____		Home Phone: _____
	Address: <u>23308 COUNTRY DRIVE</u>		
	List damage: <u>BROKEN CABLE TV WIRE</u>		
	Police Case #: _____		
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) <u>CABLE LAYING IN DITCHLINE, CUT WITH DITCHMASTER.</u>		
	Locates Required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Locate #: _____		
Describe 1st Aid: _____		PARKS - Did person resume skating? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Witnesses	Name: _____	Address: _____	Wk Phone: _____ Hm Phone: _____
	Name: _____	Address: _____	Wk Phone: _____ Hm Phone: _____
	Date, location and badge # or name of police authority to whom incident was reported: _____		
Date: _____	Signature of Employee: <u>Dennis Vesey</u>		Signature of Department or Agency Head: <u>[Signature]</u>

Return completed form to:

PIERCE COUNTY RISK MANAGEMENT  
 955 Tacoma Avenue South, Suite 303  
 Tacoma, WA 98402



04/20/2009

